



Introduction

A myriad of factors contribute to the development and maintenance of depression in middle-aged and older women. It is widely understood that the way that people cope with life stressors affects the way in which they feel in response to such stressors as well as their ability to manage them.

Coping has broadly been defined as the style and process by which an individual responds to adversity and coping styles have been differentiated on the basis of whether they serve to produce a positive and adaptive outcome or a negative and maladaptive outcome (Carver et al., 1989).

Coping strategies that are conceptualized as maladaptive, such as self-blame, denial, and behavioral disengagement are associated with an array of negative outcomes related to a global failure to mitigate distress (Carver, 1997).

Hope is conceptualized as a stable pattern of thinking in which a person has both the capacities to find routes to desired goals (pathways thinking) and the motivation to use those routes (agency thinking). An individual's trait level of hope can have implications for their coping styles and susceptibility to distress (Snyder et al., 1991).

Current Study

The present study investigated the potential interrelatedness of hope as a stable pattern of thinking, and the maladaptive coping tendencies of self-blame, denial, and behavioral disengagement with respect to the impact of these constructs on depression in a group of middle-aged and older women.

Specifically, the role of hope was examined as a potential mediator of the relationship between each of the maladaptive coping styles and depression levels in middle-aged and older women.

Hypotheses:

H1: Greater use of each of the maladaptive coping styles will predict greater levels of depression.

H2: Lower trait levels of hope will predict greater levels of depression.

H3: Greater use of each of the maladaptive coping styles will predict lower levels of hope.

H4: Lower levels of hope will serve as the mechanism by which (mediate the relationship) each of the maladaptive coping styles operate to increase levels of depression.

Method

Participants:

328 ethnically diverse women with ages ranging from 30 to 80 years ($M = 50.60$, $SD = 9.39$). The ethnic composition of the sample was 55% Caucasian, 31% African American, 9% Hispanic, 4% Asian, and 1% Other.

Procedure:

These data are part of a larger, ongoing research effort by the Health Psychology Research Group at the University of Houston, investigating the psychological well-being of breast cancer survivors and women who have not had a diagnosis of breast cancer. Participants were mailed a questionnaire packet which they filled out and mailed back to the research group.

Measures:

1) Hope: The Trait Hope Scale (Snyder et al., 1991)

1) Overall Hope Composite ($\alpha = .85$)

*Average response score per hope item was used in all analyses

2) Depression: Beck Depression Inventory-2 (Beck et al., 1996)

3) Coping: The Brief-Cope (Carver, 1997)

1) Self-Blame Subscale ($\alpha = .69$)

2) Denial Subscale ($\alpha = .54$)

3) Behavioral Disengagement Subscale ($\alpha = .65$)

Results

Table 1: Potential Range, Means, and Standard Deviations

Measure	Potential Range	Mean (SD)
Hope	1-4	3.19 (.47)
Self-Blame	0-6	3.74 (1.85)
Denial	0-6	2.95 (1.44)
Behavioral Dis.	0-6	3.03 (1.51)
BDI-II	0-63	7.93 (8.32)

Table 2: Correlations Matrix * $p < .0001$, ** $p < .05$

	BDI-II	Hope	Self-Blame	Denial	Behavior Dis.
BDI-II	1.00				
Hope	-.49*	1.00			
Self-Blame	.29*	-.14**	1.00		
Denial	.29*	-.12**	.35*	1.00	
Behavior Dis.	.15**	-.08 <i>P = .1671</i> Non-Sig.	.45*	.40*	1.00

Regression Analyses:

Table 3: Regression of Depression on Coping Style

Variable	R ²	Adj. R ²	F-Value	P-Value
Self-Blame	.0859	.0831	30.56	<.0001
Denial	.0813	.0785	28.85	<.0001
Behavioral Dis.	.0238	.0208	7.93	.0052

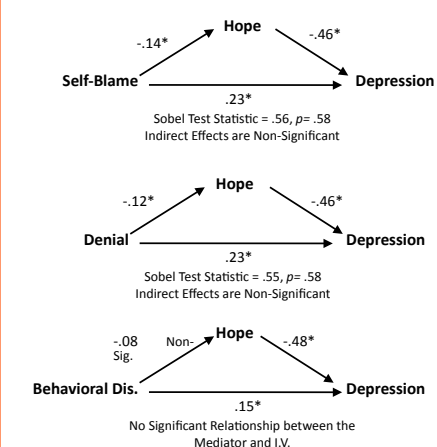
Table 4: Regression of Depression on Hope

Variable	R ²	Adj. R ²	F-Value	P-Value
Hope	.2430	.2407	104.64	<.0001

Table 5: Regression of Hope on Coping Style

Variable	R ²	Adj. R ²	F-Value	P-Value
Self-Blame	.0200	.0170	6.66	.0103
Denial	.0153	.0123	5.06	.0251
Behavioral Dis.	.0058	.0028	1.92	.1671

Figure 1. Hope Mediation Models Path Coefficients = β 's * $p < .05$



A Sobel Test Statistic was generated to determine if any partial mediation effects were present but in each case the indirect effects were determined to be non-significant.

Discussion & Future Directions

H1: Greater use of the maladaptive coping styles of self-blame, denial, and behavioral disengagement each significantly predicted higher levels of depression in this sample.

H2: Lower levels of hope, conceptualized as the ability to generate pathways to individual goals and the motivation to use those pathways, predicted higher levels of depression.

H3: Greater use of the maladaptive coping styles of self-blame and denial predicted lower trait levels of hope. However, greater use of the maladaptive coping style of behavioral disengagement did not predict lower levels of hope.

H4: It was hypothesized that hope would mediate the relationship between each of the maladaptive coping styles and depression. The rationale was that an individual's level of hope was more critical to their ability to cope with a given stressor, and thus prevent increased levels of depression, than any particular method of coping used in the face of such a stressor. The findings do not support the hypothesis that a deficit in hope is the mechanism by which maladaptive coping styles exacerbate levels of depression in middle-aged and older women.

Future research might investigate these relationships using the two component pieces of hope, pathways thinking and agency thinking, as potential mediators of the relationship between coping tendencies and depression rather than relying on the single overall hope composite score. Future research may also consider age as a potential moderator of these relationships in similar samples of middle-aged and older women.

Selected References

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Contact: Lance Chamberlain, B.S.
Health Psychology Research Group,
University of Houston, Houston, TX 77204-5022
Email: LDChamberlain@uh.edu